AFC LICENSING RECORD CLEARANCE REQUEST

There are two purposes to this form:

- 1. Produce a Department of State Police check regarding the possible existence of a conviction record.
- 2. Produce a Central Files check against current or previous licensee status of the applicant in any county of the state.

The existence of a conviction record or a substantiated child abuse or neglect record does not necessarily disqualify an applicant for licensure. However, it does provide the Agency with information, which will be carefully evaluated by licensing staff.

A failure on the part of an applicant to provide BCAL with the information and authorization requested on this form may be sufficient cause to deny issuance of a license.

AUTHORITY: 1973 PA 116

1973 PA 218

COMPLETION Required

CONSEQUENCE: Licensure may be denied.

Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.

AFC LICENSING RECORD CLEARANCE REQUEST **STATE OF MICHIGAN**

				ren and Adult Li				
 Please type or 	MPLETING FORM Print CLEARLY I form to BCAL	efore co	he inform		ed can be	read.		
SECTION I: REQUESTO	OD INEODMATIC	NI (Must	ho complet	od by liconsing	concultan	thuorkor)		
Licensing Consultant/Worker				led by licensing	Consultan	il/worker)		
Departme Bureau of 7109 W. S P.O. Box Lansing, I								
L								
Licensee/Applicant Name				County	County			Number (If assigned)
License/Application Type: Adu	lt Foster Care							
SECTION II: CLEARAN one person is named of The Person Being Cleared Is: Adult Member of Househ	on the application	n, each	is to comp	olete a BCAL-1	326A)			
Applicant/Co Applicant		ator (Respor	(Responsible Person in charge of daily operations)					
Name (Last, First, Middle Jr., II, etc.)				Birth Date		Social Security Number		
Marital Status	IV	As (Aliases	, Maiden Nam	l ne, Previous Marrie	. , ,	Michigan Drive		
Address (Street Number and N		How Long State?	Have You Lived County?	Race				
City	County	State	Zip Code	Phone Numbe	r	Height		Weight
 Good Moral Charac I am aware that the neglect. I certify that the info The Department ma 	ter Statute. Department of Huma rmation I have given by perform this check	n Services on the form at any time	Central Regis	stry will be checked	for informat	ion concerning s		under authority of the ed child abuse and
Have You Ever Been Convicte NO YES (If y Type, Location, and Date of Co	es, explain)	Or Misder	neanor?					
Signature Of Person To Be Cleared								Date
SECTION III: CENTRAL R	ECORDS CLEAR	ANCE (BO	CAL Use Only	/) SECTION I	V: CONVI	CTION CLEA	ARANCI	
PREVIOUS LICENSE?	INITIALS	<u> </u>	NCE DATE					
LICENSE NUMBER								
IS MICHIGAN PUBLIC SEX OFFENDER INITIALS/CLEARANCE				E				
REGISTRY (PSOR) INFORMATION ON FILE? DATE YES								
		1						
Disclaimer: Any and all fingerprints processed with incorrect fingerprint codes/reasons, etc. are the responsibility of the REQUESTING AGENCY. MSP will charge for second requests due to incorrect fingerprint reason.								

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